KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:				(See Instruc	tions on Re	verse Side)			
Open Delive	Flow erabilty			Test Date 08/21/20					No. 15 077-00160- 0	000	
Company Atlas Operating LLC				Lease Florence Ken				ly		1	Well Number
County Location Harper NE NW SE				Section 15		TWP 31S			RNG (E/W) 9W		Acres Attributed
Field SPIVEY GRABS				Reservoir MISSIS					as Gathering Connection		
Completion Date 04/03/1957				Plug Bac	k Total Dep	th	Packer Set at		Set at		
Casing Size Weight 1/2			nt	Internal [Diameter	Set at 4519		Perforations 4420		то 4470	
Tubing Size Weight 2 7/8			nt	Internal [Diameter	Set a	Set at		Perforations		
Type Completion (Describe) SINGLE				Type Fluid Production OIL & WATER			Pump Unit or Traveling PI PUMP UNIT			Plunger? Yes	/ No
Producing Thru (Annulus / Tubing) ANNULUS				% Carbon Dioxide			% Nitrogen 1.4423		•	Gas Gra .7770	avity - G _g
Vertical Depth(H) 4520					ssure Taps		1.4740			(Meter Run) (Prover) Size	
Pressure Buildup: Shut in 08/21			21 2	0_14_at_8	:00	(AM) (PM)	AM) (PM) Taken 08/22		20	14 at 8:00	(AM) (PM)
Well on Line) :	Started	20	0 at		. (AM) (PM)	Taken		20	at	(AM) (PM)
					OBSERVI	ED SURFAC	E DATA			Duration of Shut-	in 24 Hours
Dynamic	Orifice Size (inches)	Circle one: Meter Prover Pressu psig (Pm)	Pressure Differential in Inches H ₂ 0	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _w) or (P _t) or (P _c)		Tubing Wellhead Pressure (P _w) or (P ₁) or (P _c)		Duration (Hours)	Liquid Produced (Barrels)
Shut-In		pos (1 11)	1101100 1120			200	psia	psig 100	psia		
Flow										·	
		Circle one:			FLOW ST	REAM ATTR	RIBUTES				
Plate Coefficcien (F _b) (F _p) Mcfd		Meter or over Pressure psia	Press Extension P _m x h	Grav Fac F	tor	Flowing Temperature Factor F _{ft}	Fe	iation ctor : pv	Metered Flow R (Mcfd)	GOR (Cubic Fe Barrel)	Gravity
		-	}	(00000					_		
(P _c)² =	:	(P _w) ² =	: :	(OPEN FL		VERABILITY % (I	r) CALCUL P _a - 14.4) +		:	(P _a):	² = 0.207 ² =
$(P_c)^2 - (P_a)$ or $(P_c)^2 - (P_d)$)2 (1	P _c) ² - (P _w) ²	Choose formula 1 or 2 1. P _c ² - P _d ² 2. P _c ² - P _d ² divided by: P _c ² - P _d ²	LOG of formula 1. or 2.		Backpre Slo	essure Curve ppe = "n" or ssigned dard Slope	n v	LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)
					-						
Open Flow Mcfd @ 14.65 psia						Deliverability Mcfd @ 14.65 psia					
	=	•	n behalf of the aid report is true						he above repo October	rt and that he ha	s knowledge of
	<u>.</u>	Witness ((if any)			-			For C	ompany	Rece KANSAS CORPORA
		For Comr	mission			-			Chec	ked by	ACT 2
		. 5, 66111							5.100		110 1 7

l d	eclare under penalty of perjury under the laws of the state of Kansas that I am authorized to request
	t status under Rule K.A.R. 82-3-304 on behalf of the operator Atlas Operating LLC
	at the foregoing pressure information and statements contained on this application form are true and
correc	to the best of my knowledge and belief based upon available production summaries and lease records
of equi	pment installation and/or upon type of completion or upon use being made of the gas well herein named.
۱h	ereby request a one-year exemption from open flow testing for the Florence Kennedy #1
	ell on the grounds that said well:
	(Check one)
	is a coalbed methane producer
	is cycled on plunger lift due to water
	is a source of natural gas for injection into an oil reservoir undergoing ER
	is on vacuum at the present time; KCC approval Docket No
	✓ is not capable of producing at a daily rate in excess of 250 mcf/D
l fu	urther agree to supply to the best of my ability any and all supporting documents deemed by Commissio
staff a	s necessary to corroborate this claim for exemption from testing.
Date:	10/13/2014
	Signature: Line Wanter
	Title: Regulatory Coordinator

Instructions:

If a gas well meets one of the eligibility criteria set out in KCC regulation K.A.R. 82-3-304, the operator may complete the statement provided above in order to claim exempt status for the gas well.

At some point during the current calendar year, wellhead shut-in pressure shall have been measured after a minimum of 24 hours shut-in/buildup time and shall be reported on the front side of this form under **OBSERVED SURFACE DATA**. Shut-in pressure shall thereafter be reported yearly in the same manner for so long as the gas well continues to meet the eligibility criterion or until the claim of eligibility for exemption **IS** denied.

The G-2 form conveying the newest shut-in pressure reading shall be filed with the Wichita office no later than December 31 of the year for which it's intended to acquire exempt status for the subject well. The form must be signed and dated on the front side as though it was a verified report of annual test results.

Received KANSAS CORPORATION COMMISSION